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Annex 1 (HBB Application Template) to OPERAT			t and Quarterly Re	porting Requirement (U)					
Application for Home-Based Business Permit DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a; Title 10, USC 3013. Purpose(s): The requested information will be used by the Senior Commander or their designee to determine whether or not to grant this request. This checklist is designed as a template to be modified for use at each Army installation.									
Home-Based Business Owner									
Name (Last, First, MI)		Name of Business		Telephone Number					
Address of Proposed Business:		Email Address:	Previously Approved?						
			YES NO						
Installation if Previously Approved:		DATE:							
Briefly describe the proposed business									
Business Category:	Spouse Owne	d and Operated?	Application S	Submission Date:					
The following rules are written to ensure that a HBB does not negatively affect the safety, community tranquility, or the good order and discipline of an Army installation. The business owner acknowledges that the following conditions must be met: The HBB owner must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to opening/operating. (Request for a waiver of liability insurance must be submitted to DFMWR, and approved by the Garrison Commander) The HBB owner is responsible for any damages to third parties arising from the conduct of their business. HBB owners providing child care must register with the installation Child, Youth and School Services office as part of the Family Child Care (FCC) provider system. The HBB owner is required to comply with and is subject to inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements. HBB's involved in food preparation and health services may need to be approved by Army Public Health and/or the Local Health Department. The applicant must provide documentation that states the HBB meets all applicable food & health safety and sanitation conditions. The residential character of the property shall be maintained. The HBB may not occupy more than 25 percent of the home's gross floor area. Parts or materials related to the HBB shall be screened from public view and will be limited to the interior of the structure or the side and rear yards of the property. Signage is limited to what can be displayed in a single window from the inside and may not be illuminated. Customers may only patronize a HBB between the hours of 0900 and 2130. Noise, vibrations, or odors shall not be detectable beyond the property line. General timeline to approve HBB application is 4 - 6 weeks, during which the HBB does not retain any approval to operate, promote or advertise. (Requests for a waiver of liability insurance may delay the									
Prohibited Practices: □ CBD and/or other marijuana derivitaves ar components are still federally catergorized as □ The sale of tobacco products, to include e □ The sale of and/or distribution of alcoholic □ Providing services pertaining to body art/n	controlled substa lectronic cigarette beverages.	ances and are strictly prohibited. s/"vapes" and hookah services and/or prod	lucts.						
HBB owners will not: □ Lise duty or government telephone numbe □ Advertise by distributing materials to the p □ Utilize any facility or structure other than g door sales and soliciting in the barracks or h □ Resale products purchased through gover HBB owners will: □ Have their Vendor Permit Identification Ca □ Provide all customers with a receipt for pro □ Restrict solicitation hours to 0900-2130 we solicitation.	ers on any advertise ost housing areas overnment quarte ousing is not authornment tax free agord in their possession of sale of good	other than by U.S. Mail. ors to perform your commercial solicitation s	em etc. commercial solic	itation on Fort Irwin.					
HBB owners may: ☐ Advertise through a paid advertisement in Marketing Department	the High Desert \	Narrior or the Directorate of Family and Mo	rale, Welfare and	d Recreation (DFMWR)					

Home-Based Business Owner										
Name (Last, First, MI)			Name of Business			Telephone Number				
Home-Based Business Owner: I certify that the above statements are true and that I have read and will abide by the rules above any additional guidance contained within the installation's HBB policy letter.										
Signature: Date:										
Installation Coordination										
Directorate / Office	Building	Telephone #	Recommendation Sig		Signatu	ıre	Date			
Directorate, Family, Morale, Welfare and Recreation	1317	760-380-3493	Application Pick-up							
USAG Housing Manager	111	760-380-6824	Approval	Disapproval						
Villages at Fort Irwin	4553	760-386-4663	Approval	Disapproval						
Installation Safety	1206	760-380-1347	Approval	Disapproval						
Fire Department	1207	760-380-4351	Approval	Disapproval						
Preventive Medicine (Food & Health Vendors)	172	760-380-3053	Approval	Disapproval						
DeCA	920	760-380-3559	Approval	Disapproval						
AAFES Exchange	402	760-380-2060	Approval	Disapproval						
Directorate, Family, Morale, Welfare and Recreation	1317	760-380-3493	Application Turn-in							
Office of Staff Judge Advocate (Legal Review)			No Legal Objection	Legally Insufficient						
Reason for Dissaproval										
Installation Approval Authority										
I have reviewed the above appication for HBB permit and I have decided to approve disapprove same.										
BRANDI D. CRIST Director xpiration Date: Family and Morale, Welfare & Recreation										

(2 years from date of signature unless otherwise indicated)
Fort Irwin DFMWR Form Published: 1 MAR 2023